

CITY OF CAMBRIDGE
WASTE AUDIT/RECYCLING PLAN FOR
COMMERCIAL ESTABLISHMENTS

Please fill out all sections completely. For further assistance see Recycling Plan Instructions on our website at www.cambridgema.gov/theworks/departments/recycle/pdffiles/planinstructions.pdf or contact Rick Leandro at 617/349.4836 or rleandro@cambridgema.gov.

SECTION I.
BUSINESS/BUILDING

BUSINESS/INSTITUTION NAME (If building plan, write "BUILDING" here – one plan for each building address)

BUSINESS/BUILDING STREET ADDRESS SUITE OR FLOOR # ZIP CODE

PHONE NUMBER FAX NUMBER WEBSITE ADDRESS # OF EMPLOYEES

Is this a new address or business name? If yes, and you formerly did business in Cambridge, what was your OLD name and address?

OLD NAME OLD ADDRESS AND ZIP CODE

SECTION II.
CONTACT PERSON

(Indicate person in your company/institution to whom we should send correspondence regarding commercial recycling)

NAME TITLE PHONE # EMAIL ADDRESS

Is there an address other than the one above to which you would prefer we send correspondence?

MAILING ADDRESS:

ADDRESS or PO BOX CITY STATE ZIP CODE

SECTION III.
TYPE OF BUSINESS

- a. ☐ Office ☐ Industry ☐ Retail ☐ Restaurant ☐ Service
☐ Institution ☐ School ☐ Laboratory ☐ Other: _____
- b. ☐ Non-Profit
☐ Home-based Business (see below)

If you are a home-based business, please attach a letter on your letterhead explaining you are a home-based business and attach to this form and return. Stop here. It is assumed that home-based businesses will use the resources of the curbside recycling program to be in compliance with the Mandatory Recycling Ordinance (Section 8.24.070 of the Municipal Code).

**SECTION IV.
TRASH REMOVAL**

If you are the tenant:

Does your company/institution manage the removal of its own trash (arrange for pick up and pay directly for the service)?

____ We manage/coordinate our own trash removal.

-- OR --

Does your landlord/building manager provide a dumpster or other service for removal of your trash from the building (regardless of whether you are billed for the service by the landlord/building management)?

____ Our landlord/building manager manages/coordinates the removal of trash.

If you are the landlord or building management:

____ We manage/coordinate trash removal for the building.

____ All tenants of this building are responsible for contracting their own trash removal and disposal.

____ I am/We are our own landlord (you own or manage the building you reside in and are its only tenant).

**SECTION V.
LANDLORD/MANAGEMENT**

Fill out this section if you are a:

- ✓ **Tenant**
- ✓ **Landlord or Management Company** filling out on behalf of a building

COMPANY NAME

ADDRESS

CONTACT

CITY

STATE

ZIP CODE

PHONE

FAX

EMAIL ADDRESS

- ✓ If you are a **landlord** filling out a plan on behalf of a building, please **attach a current tenant list**. If you **do not** manage trash for the building this plan is being filed for, stop here.
- ✓ If this plan is for a building, and this building is represented by more than one street address, please list the other street addresses that are associated with it here:

WASTE AUDIT FORM

(Mandatory)

Information is needed on all listed materials, including trash.

A	B	C	D	E	F
MATERIALS	POUNDS PER WEEK (see Helpful Hints)	WEEKS PER YEAR	POUNDS PER YEAR	TOTAL POUNDS PER YEAR (from bottom of Column D)	% OF TOTAL WASTE
Corrugated Cardboard		x 52 =	/	=	%
Office paper		x 52 =	/	=	%
Newspaper		x 52 =	/	=	%
Magazines		x 52 =	/	=	%
Glass bottles & jars		x 52 =	/	=	%
Metal cans & foils		x 52 =	/	=	%
Plastic containers		x 52 =	/	=	%
Leaves & yard waste		x 52 =	/	=	%
Wood waste		x 52 =	/	=	%
Scrap Metal		x 52 =	/	=	%
Vehicle batteries		x 52 =	/	=	%
Waste Oil - car / cooking		x 52 =	/	=	%
Other: _____		x 52 =	/	=	%
Other: _____		x 52 =	/	=	%
Trash remaining		x 52 =	/	=	%
TOTALS		x 52 =	Total Lbs./Year		Total Must Equal 100%

Prepared by: _____ Date: _____

Please indicate how the materials are collected, stored, and transported to market:

Please describe how you will notify employees about the recycling requirements:

RECYCLING PLAN

MATERIAL: IF \geq 5% of TOTAL WASTE (from Column F of the Waste Audit)	RECYCLING HAULER or DROP OFF SITE	CONTACT NAME	ADDRESS	CITY STATE ZIP	PHONE
1.					
2.					
3.					
4.					
5.					
6.					

WHO TAKES YOUR TRASH:

TRASH ***	COMPANY NAME	CONTACT NAME	ADDRESS	CITY STATE ZIP	PHONE

*** If the trash hauler is also hauling any recyclables, please obtain and attach to this document a written statement from that hauler that the recyclables are being recycled and not included with your trash. A plan with the same trash/recyclables hauler cannot be approved without that attachment.

I understand that recycling is mandatory in Cambridge. I certify that the above items will be dropped off for recycling or picked up for recycling by a certified recyclables hauler in accordance with the City of Cambridge Mandatory Recycling Ordinance, Section 8.24.070 of the Municipal Code. We will follow the above plan and notify the City in writing if it is altered. I understand that the City may issue fines of \$25 per day for violation of the Mandatory Recycling Ordinance. (Copies of ordinance available online at www.cambridgema.gov/theworks/departments/recycle or by request.)

Name	Title	Signature	Date
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PLAN APPROVAL

The City of Cambridge's Department of Public Works approves the above recycling plan. We also expect that the business will pro-actively address any problems experienced with recycling. The Cambridge Department of Public Works is always available as a resource if you are experiencing problems or want to expand your recycling program.

Signature, Rick Leandro, Recycling Program Manager	Date
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RETURN THIS FORM TO THE DPW, COMMERCIAL RECYCLING, 147 HAMPSHIRE STREET, 02139 FAX: 617.349.4814